

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						FILING DATE 10/089834	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
9							69
10							70
11							71
12							72
13							73
14							74
15							75
16							76
17							77
18							78
19							79
20							80
21							81
22							82
23							83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS